

2001 UNIFORM BUSINESS REPORT-(UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90014 001 ****61.25

DOCUMENT # N99000003934

1. Entity Name

LAUREL LAKE LANDING HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

RR 24, BOX 60419
 LAKE CITY FL 32024

RR 24, BOX 60419
 LAKE CITY FL 32024

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MUSGROVE, CLYDE B
RR 24, BOX 60419
LAKE CITY FL 32024

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	MUSGROVE, CLYDE B	
STREET ADDRESS	RR 24, BOX 60419	
CITY-ST-ZIP	LAKE CITY FL 32024	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRIER, WAYNE	
STREET ADDRESS	RR 24, BOX 60419	
CITY-ST-ZIP	LAKE CITY FL 32024	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOOD, LINDA	
STREET ADDRESS	RR 24, BOX 60419	
CITY-ST-ZIP	LAKE CITY FL 32024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Linda Wood*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/01
 Date

904-255-8966
 Daytime Phone #

CR2E037 (10/00)

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